

2-9	Self-Administered Model	Part 1 of 3
Authorizing Utah Code: 62a-5-103	Rules:	DD Policy
Approved: 7/11/02	Rule Effective: None	Printed: 7/02
Form(s): 2-9GA, 2-9LE, and 2-9C	Guideline(s): None	

POLICY

The **Self-Administered Model** provides an alternative to the **Provider Agency Model**, which creates choices for **Persons** in service delivery. The **Self-Administered Model** allows a **Person's** supports to be administered by the **Person/Person's Representative**. The **Self-Administered Model** allows the **Person/Person's Representative** to hire, train, and supervise employees to provide direct supports.

The **Division** will ensure that written agreements for the **Self-Administered Model** are administered in accordance with State Purchasing and Procurement requirements, State and **Department** contracting requirements, all applicable laws, regulations, rules, and policies at the Federal, State, **Department**, **Division** and local levels.

The assigned **Division Support Coordinator** will have responsibility for assuring the **Individual Service Plan** identifies all services to be delivered in response to the comprehensive needs assessment, regardless of funding source, and assuring waiver services, reimbursed with **Medicaid** funds, are consistent with the **Individual Service Plan**.

The **Self-Administered Model** defines the responsibility and accountability of the person who will administer the financial grant to purchase **Family Support (FS1)**, **Community Living Support (SLA)**, **Respite (RP1)**, **Chore Services (CH1)**, and **Transportation (FTP)** supports. This model defines requirements for **Employees** who provide direct support to **Persons**. This model also defines the requirements for the **Fiscal Agent**. The **Self-Administered Model** applies only to **Persons/Persons' Representatives** who use **Family Support (FS1)**, **Community Living Support (SLA)**, **Respite (RP1)**, **Chore Services (CH1)**, and **Transportation (FTP)** support codes. The procedures listed below do not apply to **Employees** hired by **Provider Agencies** or to **Persons** eligible for services under the Physical Disabilities Waiver.

PROCEDURES

1. During the initial process of choosing services, the **Support Coordinator** will present the array of service options offered by the **Division** and detail the requirements and accountability of each option.
2. With **Informed Consent**, the **Person** may designate an **Authorized Administrator** to assist in the managing of the **Person's** services and the responsibilities of the financial grant. This designation is documented on the **Self-Administered Model Grant Agreement, Division Form 2-9GA**.
3. It is the responsibility of the **Support Coordinator** to ensure the following documents are accurate and complete in the **Person's** record at the **Region** office.
 - A. **Self-Administered Model Grant Agreement (Form 2-9GA)**
 - B. **Person's Budget Worksheet and/or Form 1056**
 - C. **Individual Service Plan (Policy 1-15 and Form 1-15I)**
 - D. **Person-Centered Plan (Policy 1-16)**
 - E. **Support Strategies (Policy 1-16; It is the responsibility of the Person to ensure these are completed 30 calendar days from the date of Person-Centered Planning meeting.)**
 - F. **Application for Certification (Form 2-9C)**

2-9	Self-Administered Model	Part 2 of 3
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4. The **Division** is responsible to ensure each **Person/Person's Representative** receives a copy of the **Support Book** section for the **Self-Administered Model** and is oriented to the contents (as per **Application for Certification**).

5. Employee / Personnel Requirements
 - A. Prior to the **Employee** working with the **Person**, the **Person/Person's Representative** will:
 - i. verify that all **Employees** hired are 16 years of age or older. (Agreements for individuals under 18 must be co-signed by their parent/**Guardian**);
 - ii. ensure that neither a parent, **Guardian** nor stepparent will be paid to provide support to the **Person**, nor will an individual be paid to provide support to a spouse;
 - iii. orient each new **Employee** to the **Support Book**;
 - iv. ensure **Employees** read and understand the **Department** and **Division** Code of Conduct (Policies 05-03 and 5-3); Behavioral Supports (Policy 1-11, Adaptive Behavior Development), if applicable; the policy section of the Human Rights policy (Policy 1-1, p.1); and what to do and who to contact in case of an emergency;
 - v. have **Employees** complete and sign the **Application for Certification (Form 2-9C)**;
 - vi. send a copy of the signed **Application for Certification (Form 2-9C)** and **Employment Agreement (Form 2-9LE)** to the **Fiscal Agent**; and
 - vii. conduct any screenings and trainings necessary to provide for the health and safety of the **Person**.

 - B. By the end of 30 days, from the date of hire, **Employees** shall read and understand the information contained in the following:
 - i. **Person's Person-Centered Plan**; and
 - ii. **Person's Support Strategies**.

 - C. Prior to the annual **Person-Centered Planning** meeting, the **Employee** will review training and sign that this has been completed.

6. Records maintained by the **Fiscal Agent**: Before making a payment on behalf of the **Person**, the **Fiscal Agent** ensures that the following documents are on file:
 - A. a budget authorization;
 - B. appointment of **Fiscal Agent** form ; (**Fiscal Agent** authority to file payroll reports with IRS);
 - C. W-4;
 - D. copy of **Employment Agreement (Form 2-9LE)**;
 - E. copy of **Application for Certification (Form 2-9C)**; and
 - F. payroll time sheets signed by employee and employer.

7. Records maintained by the **Person/Person's Representative**: The **Person/Person's Representative** ensures that the following documents are on file in the **Person's** home:

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- A. W-4;
 - B. I-9;
 - C. if the **Employee** will be providing transportation support:
 - i. a copy of the **Employee's** Driver's License;
 - ii. evidence of insurance coverage;
 - D. a signed Code of Conduct signature sheet for each **Employee**;
 - E. a signed **Application for Certification (Form 2-9C)**;
 - F. signed time sheets for each **Employee**;
 - G. Reports of behavioral or other incidents and records of accidents or injuries involving the **Person** when supported by paid staff (see Policy 1-8);
 - H. **Self-Administered Model Grant Agreement (Form 2-9GA)**
 - I. **Person's** Budget Worksheet;
 - J. **Individual Service Plan (Form 1-15)**;
 - K. Current **Person-Centered Plan** documented by **Support Coordinator** (see Policy 1-16);
 - L. **Support Strategies**; and
 - M. **Monthly Summaries**
8. The **Person/Person's Representative** is required to complete a **Monthly Summary** of supports for each month services were rendered. The **Person-Centered Planning Team** will decide on the type of **Monthly Summary** that is used. The **Person/Person's Representative** will ensure that the information from the **Monthly Summary** is provided to the **Support Coordinator** by the 15th of the month following the month of services rendered. If the **Person/Person's Representative** does not provide this information for a three month period, the 4th month payment will be held until the **Monthly Summaries** are submitted. If the **Person/Person's Representative** submits all required **Monthly Summaries** within the 4th month, payment will be reinstated. If **Monthly Summaries** are not provided for the 5th month, then the 6th month the **Division** will require the **Person/Person's Representative** to use a contracted **Provider Agency**.
9. The **Person's Representative** is required to immediately notify the **Support Coordinator** of the death of any **Person** receiving **Division** funding.
10. (QE guideline will be here when finished)
11. Supporting the Family: If the **Person/Person's Representative** is not meeting the minimum requirements outlined in this policy, the **Division** may require the **Person/Person's Representative** to use some form of technical assistance. (Technical assistance may include, but is not limited to, help from [for example] a **Support Coordinator**, **Division Supervisor**, State **Specialist**, Behaviorist, or Accountant.) Technical assistance is available to the **Person/Person's Representative**, even if not required by the **Division**. If the **Person/Person's Representative** does not meet the **Self-Administered Model** requirements, the **Division** may require the **Person/Person's Representative** to use a contracted **Provider Agency**.
12. Certification: An **Employee/Provider** must be **Division**-certified to provide supports to any **Person**. Certification is completion of the requirements listed in this policy. The **Person/Person's Representative** and the **Support Coordinator** will verify that the **Employee** has been trained by signing the **Application for Certification (Form 2-9C)**. The **Division** will not authorize payment for any non-certified **Provider**.